

SENATE MOTION

MADAM PRESIDENT:

I move that Senate Bill 87 be amended to read as follows:

1 Page 4, line 11, delete "If an insurer directly makes to an insured a"
2 and insert **"As used in this section, "emergency" means a medical**
3 **condition that arises suddenly and unexpectedly and manifests**
4 **itself by acute symptoms of such severity, including severe pain,**
5 **that the absence of immediate medical attention could reasonably**
6 **be expected by a prudent layperson who possesses an average**
7 **knowledge of health and medicine to:**

- 8 (1) place an individual's health in serious jeopardy;
9 (2) result in serious impairment to the individual's bodily
10 functions; or
11 (3) result in serious dysfunction of a bodily organ or part of
12 the individual."

13 Page 4, delete lines 12 through 26, begin a new paragraph and
14 insert:

15 **"(b) If an insured receives a covered service provided:**
16 (1) by a noncontracted provider in a hospital or an
17 ambulatory surgical center licensed under IC 16-21-2; and
18 (2) in an emergency;
19 **and the noncontracted provider submits the claim for the**
20 **emergency covered service on the appropriate insurer claim form,**
21 **the insurer shall make a benefit payment directly to the**
22 **noncontracted provider for the covered service and send written**
23 **notice of the payment to the insured or the authorized**
24 **representative of the insured.**

25 **(c) If an insured receives a covered service provided:**
26 (1) by a noncontracted provider who is an anesthesiologist, a
27 pathologist, or a radiologist; and
28 (2) in a hospital or an ambulatory surgical center that is:
29 (A) licensed under IC 16-21-2; and
30 (B) a contracted provider;
31 **the insurer shall make a benefit payment directly to the**

1 noncontracted provider for the covered service and send written
 2 notice of the payment to the insured or the authorized
 3 representative of the insured.

4 (d) If an insurer makes a payment to an insured for a covered
 5 service provided by a noncontracted provider, the insurer shall
 6 include a disclosure with the payment instrument that instructs the
 7 insured to forward the payment to the noncontracted provider.
 8 The notice must include the following information:

- 9 (1) The claims covered by the payment instrument.
- 10 (2) The amount paid by the insurer for each claim.
- 11 (3) Any amount for a claim that is the insured's responsibility.
- 12 (4) A statement in at least 14 point type that:
 - 13 (A) instructs the insured to forward the payment to the
 - 14 noncontracted provider;
 - 15 (B) specifies that paying the noncontracted provider is the
 - 16 insured's responsibility; and
 - 17 (C) states that failure to make the payment violates the law
 - 18 and may result in collection proceedings.

19 (e) Except as provided in subsection (f), a noncontracted
 20 provider shall disclose to an insured in writing the following
 21 applicable information:

- 22 (1) That the noncontracted provider has not entered into an
- 23 agreement with the insurer to provide health care services to
- 24 the insured.
- 25 (2) That the insured may be billed for health care services for
- 26 which payment is not made by the insurer.

27 (f) A disclosure is not required under subsection (e) if any of the
 28 following apply:

- 29 (1) The insured is unconscious, incoherent, or incompetent.
- 30 (2) The insured:
 - 31 (A) arrives at a hospital required to provide emergency
 - 32 medical screening or care under 42 U.S.C. 1395dd; and
 - 33 (B) seeks emergency medical screening or care.
- 34 (3) The noncontracted provider does not know and could not
- 35 reasonably know that the insured is covered under a policy
- 36 issued by an insurer with which the noncontracted provider
- 37 has not entered into an agreement for the delivery of health
- 38 care services.
- 39 (4) The noncontracted provider has been requested to render
- 40 health care services to the insured after the insured has been
- 41 admitted for inpatient or outpatient services and the
- 42 noncontracted provider's services were not part of the
- 43 original treatment plan.

44 (g) This section does not preclude an insurer from voluntarily
 45 issuing a direct payment to the noncontracted provider."

46 Page 4, line 27, delete "(c)" and insert "(h)".

47 Page 4, line 31, delete "If a health maintenance" and insert "As used
 48 in this section, "emergency" means a medical condition that arises

suddenly and unexpectedly and manifests itself by acute symptoms of such severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to:

- (1) place an individual's health in serious jeopardy;
- (2) result in serious impairment to the individual's bodily functions; or
- (3) result in serious dysfunction of a bodily organ or part of the individual."

Page 4, delete lines 32 through 42, begin a new paragraph and insert:

"(b) If an enrollee receives a covered services provided:

- (1) by a noncontracted provider in a hospital or an ambulatory surgical center licensed under IC 16-21-2; and
- (2) in an emergency;

and the noncontracted provider submits the claim for the emergency covered service on the appropriate health maintenance organization claim form, the health maintenance organization shall make a benefit payment directly to the noncontracted provider for the covered service and send written notice of the payment to the enrollee or the authorized representative of the enrollee.

(c) If an enrollee receives a covered service provided:

- (1) by a noncontracted provider who is an anesthesiologist, a pathologist, or a radiologist; and
- (2) in a hospital or an ambulatory surgical center that is:
 - (A) licensed under IC 16-21-2; and
 - (B) a contracted provider;

the health maintenance organization shall make a benefit payment directly to the noncontracted provider for the covered service and send written notice of the payment to the enrollee or the authorized representative of the enrollee.

(d) If a health maintenance organization makes a payment to an enrollee for a covered service provided by a noncontracted provider, the health maintenance organization shall include a disclosure with the payment instrument that instructs the enrollee to forward the payment to the noncontracted provider. The notice must include the following information:

- (1) The claims covered by the payment instrument.
- (2) The amount paid by the health maintenance organization for each claim.
- (3) Any amount for a claim that is the enrollee's responsibility.
- (4) A statement in at least 14 point type that specifies that paying the noncontracted provider is the enrollee's responsibility and that failure to make the payment violates the law and may result in collection proceedings.

(e) Except as provided in subsection (f), a noncontracted

1 provider shall disclose to an enrollee in writing the following
2 applicable information:

3 (1) That the noncontracted provider has not entered into an
4 agreement with the health maintenance organization to
5 provide health care services to the enrollee.

6 (2) That the enrollee may be billed for health care services for
7 which payment is not made by the health maintenance
8 organization.

9 (f) A disclosure is not required under subsection (e) if any of the
10 following apply:

11 (1) The enrollee is unconscious, incoherent, or incompetent.

12 (2) The enrollee:

13 (A) arrives at a hospital required to provide emergency
14 medical screening or care under 42 U.S.C. 1395dd; and

15 (B) seeks emergency medical screening or care.

16 (3) The noncontracted provider does not know and could not
17 reasonably know that the enrollee is covered under a policy
18 issued by a health maintenance organization with which the
19 noncontracted provider has not entered into an agreement for
20 the delivery of health care services.

21 (4) The noncontracted provider has been requested to render
22 health care services to the enrollee after the enrollee has been
23 admitted for inpatient or outpatient services and the
24 noncontracted provider's services were not part of the
25 original treatment plan.

26 (g) This section does not preclude a health maintenance
27 organization from voluntarily issuing a direct payment to the
28 noncontracted provider."

29 Page 5, delete lines 1 through 5.

30 Page 5, line 6, delete "(c)" and insert "(h)".

31 Renumber all SECTIONS consecutively.

(Reference is to SB 87 as printed February 20, 2009.)

Senator MILLER